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APPLICANTS

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** CONTINUING DATA *****

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SCC

** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWINGS 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/SHEELA C CHAWAN/ Examiner's Signature	Initials				

ADDRESS

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TITLE

System for providing a personalized experience to a person in a medical environment

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